

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 11185
Application ID: 09681422
Title of Invention: Method and System for Event
Communication on a Distributed
Scanner/Workstation Platform
First Named Inventor: Phani Bidarahalli
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-03-30
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: NONE
Digital Certificate Holder: cn=Adam J Forman, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: b/OxavsDMzdAgIjsq6qRzw==
Total Fees Authorized: \$830.0
Payment Category: DA - Deposit Account
Deposit Account Number: 170055
Deposit Account Name: Adam J. Forman



TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0



Method and System for Event Communication on a Distributed Scanner/Workstation Platform

First Named Inventor: Mr. Phani Kumar Bidarahalli

SUBMITTED BY

Name:	Mr. Adam J. Forman
Registration Number:	46,707
Electronic Signature Mark: Adam J. Forman	Date Signed: 20010330

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

fee-transmittal	GE 94723 Epave Submissionfee.xml
patent-assignment	GE 94723 Epave Submissionasgn.xml
specification	GE 94723 Pasat App.xml
bibd-transmittal	GE 94723 Epave Submissionapds.xml

[illegible]

EXPRESS MAIL LABEL NO. _____

PTO/SB/01 (6-95)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box ☐

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	0010/PTO Rev 6/98	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	390086.94723	
				First Named Inventor	Phani Kumar Bidarahalli
				<i>COMPLETE IF KNOWN</i>	
				Application Number	Herewith
				Filing Date	Herewith
				Group Art Unit	
			Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM FOR EVENT COMMUNICATION ON A
DISTRIBUTED SCANNER/WORKSTATION PLATFORM**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



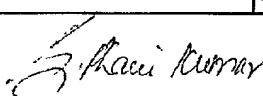
☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

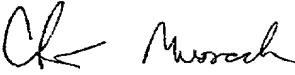

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. #5021445

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DECLARATION						Page 2																																									
<p>I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>																																															
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)																																												
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto																																															
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:</p>																																															
<input checked="" type="checkbox"/> Firm Name OR		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Quarles & Brady LLP</div>		Customer Number or label		<div style="text-align: center;">  28382 <small>PATENT, TRADEMARK OFFICE</small> </div>																																									
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below																																															
Name		Registration Number		Name		Registration Number																																									
<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto																																															
Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number or label				<div style="text-align: center;">  28382 <small>PATENT, TRADEMARK OFFICE</small> </div>		OR <input type="checkbox"/> Fill in correspondence																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="7"></td> </tr> <tr> <td>Address</td> <td colspan="7"></td> </tr> <tr> <td>Address</td> <td colspan="7"></td> </tr> <tr> <td>City</td> <td colspan="4"></td> <td>State</td> <td></td> <td>Zip</td> </tr> <tr> <td>Country</td> <td colspan="2"></td> <td>Telephone</td> <td colspan="2"></td> <td>Fax</td> <td></td> </tr> </table>								Name								Address								Address								City					State		Zip	Country			Telephone			Fax	
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>																																															
Name of Sole or First Inventor:				A petition has been filed for this unsigned inventor																																											
Given Name	Phani	Middle Initial	K.	Family Name	Bidarahalli	Suffix e.g. Jr.																																									
Inventor's Signature						Date	03/20/01																																								
Residence:	Waukesha	State	WI	Country	USA	Citizenship	India																																								
Post Office	2402 Springdale Road #209																																														
Post Office																																															
City	Waukesha	State	WI	Zip	53186	Country	USA																																								
						Applicant Authority																																									

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
Given Name	Christopher				Middle Initial	J.	Family Name	Mussack		Suffix e.g. Jr.			
Inventor's Signature									Date	3/20/01			
Residence:	Waukesha				State	WI	Country	USA		Citizenship	USA		
Post Office	W251 S4310 Oakview Dr												
Post Office													
City	Waukesha				State	WI	Zip	53189		Country	USA		
										Applicant Authority			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
Given Name	Peter				Middle Initial		Family Name	Lehel		Suffix e.g. Jr.			
Inventor's Signature									Date	3/20/01			
Residence:	Waukesha				State	WI	Country	USA		Citizenship	Hungary		
Post Office	2019 Kensington Dr. #8												
Post Office													
City	Waukesha				State	WI	Zip	53188		Country	USA		
										Applicant Authority			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			
										Applicant Authority			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
Given Name					Middle Initial		Family Name			Suffix e.g. Jr.			
Inventor's Signature									Date				
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			
										Applicant Authority			

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 830

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 17-0055
Deposit Account Name: Quarles & Brady



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Adam J. Forman
Electronic Signature Mark: Adam J. Forman
Date Signed: 20010330

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	103	\$ 18	0	\$ 0
Independent Claims: 4	102	\$ 80	1	\$ 80

Subtotal For Extra Claims Fees: \$ 80

